

FILED APR 6 - 1956

STANDARD CERTIFICATE OF DEATH

12033
State File No.BIRTH NO. _____ REG. DIST. NO. 332 PRIMARY REG. DIST. NO. 3074 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New Brunswick</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>3 Days</u>	c. CITY OR TOWN <u>St. Johns, Canada</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>\$60's</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wendell</u>		b. (Middle) <u>Phillips</u>	c. (Last) <u>Tedlie</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 1 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-14-1890</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Postmaster</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>2</u> <u>Woodstock N.B.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>Canada</u>			13a. FATHER'S NAME <u>Henry A. Tedlie (dec'd)</u>			
13b. MOTHER'S MAIDEN NAME <u>Ida Mae Phillips</u>			14. NAME OF HUSBAND OR WIFE <u>Claire Tedlie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Claire Tedlie, Sikeston Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Prostate</u> <u>Hypertension C. of Disease</u> ANTECEDENT CAUSES <u>Chronic</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>2 mos.</u> <u>2 mos.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>177X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>56</u> , to <u>4-1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>56</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Thomas C. McClure M.D.</u>			23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>4-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HARTLAND</u>	24d. LOCATION (City, town, or county) (State) <u>HARTLAND-NEW BRUNSWICK, CANADA</u>			
DATE REC'D BY LOCAL REG. <u>4-2-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wald Funeral Home Sikeston Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

APR 9 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Raymond Grews*

Licensed Embalmer No. *34*

P. O. Address *Sikeston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.